

## City of Alamo Heights 6116 Broadway San Antonio, TX 78209

(210) 822-3331 voice

(210) 822-8197 fax

## **Automatic Debit Authorization**

I AUTHORIZE THE CITY OF ALAMO HEIGHTS TO DEBIT THE BANK ACCOUNT INDICATED BELOW TO PAY MY MONTHLY UTILITY BILL. I UNDERSTAND THAT MY BANK ACCOUNT WILL BE DEBITED FOR THE TOTAL AMOUNT DUE ON THE DUE DATE.

PLEASE CONTINUE TO MAKE YOUR PAYMENTS UNTIL "PAID BY DRAFT" APPEARS ON THE BILL. FAILURE TO DO SO COULD RESULT IN THE ADDITION OF LATE FEES.

\*\*A VOIDED CHECK <u>MUST</u> BE ATTACHED TO YOUR APPLICATION FOR PROCESSING \*\*

NAME				DATE	
SERVICE ADDRE	ss				
MAILING ADDRES					
(IF DIFFERENT FROM	I SERVICE ADDRESS)	1			
CONTACT PHON	E NO.(s)				
HOME		CELL		OTHER	
EMAIL					
PLEASE LIST WA	TER ACOUNTS T	O BE DRAFTE	ED:		
ACCT. #		ACCT. #		ACCT.#	
BANK INFORMAT	TION				
ACCT HOLDER					
ACCT HOLDER	(Print Name)			(Signature)	
BANK NAME					
ADDRESS					
PHONE					
ROUTING#			BANK ACCT. #		

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL THE CITY OF ALAMO HEIGHTS HAS RECEIVED WRITTEN NOTIFICATION OF ITS TERMINATION. THIS BANK DRAFT SERVICE WILL BE TERMINATED UPON RECEIPT OF NOTIFICATION FOR INSUFFICIENT FUNDS.